	CENT E DE LEON BLVD BLES, FL 33146 US			
The above na	amed entity submits this statement for the purpose o	f changing its registered office or r	egistered agent, or both, in the State	of Florida.
SIGNATL	SIGNATURE: VINCENT CHEN			04/29/2024
	Electronic Signature of Registered Age	ent		Date
Authorize	ed Person(s) Detail :			
Title	DIRECTOR	Title	DIRECTOR	
Name	PEREZ, JORGE MD	Name	TANO, ALBERT MD	

5955 PONCE DE LEON BLVD CORAL GABLES. FL 33146

Current Mailing Address:

5955 PONCE DE LEON BLVD CORAL GABLES. FL 33146

FEI Number: 27-3373536

Name and Address of Current Registered Agent:

5955 PONCE DE LEON BLVD

City-State-Zip: CORAL GABLES FL 33146

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE PEREZ

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000089986

Entity Name: 2600 IMMOKALEE, LLC

Current Principal Place of Business:

Electronic Signature of Signing Authorized Person(s) Detail

04/29/2024

FILED Apr 29, 2024 Secretary of State 0129719335CC

Certificate of Status Desired: No

TANO, ALBERT MD Name Address 5955 PONCE DE LEON BLVD City-State-Zip: CORAL GABLES FL 33146

DIRECTOR